

ISSUE SLIP STAPLE AREA (for additional review or errors)

POSITION	INITIALS	ID NO.	DATE
PRI DETERMINATION			
CAFE CLASSIFIER			
FORMALITY REVIEW	W. J.	10	1-29-61
RESPONSE FORMALITY REVIEW			02-20-61

INDEX OF CLAIMS

☐ Rejected
☐ Allowed
☐ (Through summary)
☐ Rejected
☐ M
☐ A
☐ O

☐ Non-elected
☐ Interference
☐ Appeal
☐ Objection

Claim	Date	Claim	Date	Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 sheets
 attach additional sheets here
 150-100-100